



**JENSEN  
INVESTMENT  
MANAGEMENT®**

# The Jensen Funds I- Shares Automatic Investment Plan Application

## Instructions and conditions

- Your signed Automatic Investment Plan Application must be received at least 15 business days prior to your initial transaction.
- Your Jensen Fund account must be established at the minimum initial investment level (\$1,000,000.00) before this Automatic Investment Plan goes into effect. To establish a new account with automatic investment plan features, you must also complete a Purchase Application.
- If the automatic purchase cannot be made due to insufficient funds or stop payment, a \$25 fee will be assessed.
- The Plan will be terminated upon redemption or transfer-in-kind.
- An unsigned voided check (for checking accounts) or a savings account deposit slip is required with your application.

## 1. Investor Information

FUND NAME(S)		FUND ACCOUNT NO.	
NAME(S) ON ACCOUNT			
ADDRESS			
CITY	STATE	ZIP CODE	
DAYTIME PHONE NO.		EVENING PHONE NO.	
E-MAIL ADDRESS			

## 2. Investment Instructions

### Automatic Investment Plan

START DATE      START MONTH      AMOUNT PER DRAW (\$100 MINIMUM)

<input type="checkbox"/> The Jensen Portfolio (JENIX)	_____	_____	_____
<input type="checkbox"/> Jensen Value Fund (JNVIX)	_____	_____	_____

## 3. Bank Information

Your bank account information must be on file in order to settle by wire or electronic funds transfer any purchase or redemption transaction made by telephone or to participate in an automatic investment plan. The account name(s) below must exactly match at least one name on the registered account. Any co-signer of your checking or savings account who is not a joint owner of the funds must authorize these services by signing below.

- Checking Account       Savings Account

Please attach a voided check or preprinted savings deposit slip (not a counter deposit slip, starter check or money market check) to this application. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

SIGNATURE OF BANK ACCOUNT OWNER	DATE
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## ATTACH VOIDED CHECK OR PREPRINTED SAVINGS DEPOSIT SLIP HERE

BEFORE YOU MAIL,  
HAVE YOU:

- Included a voided check, if applicable?
- Signed your application in Step 4?

MAIL TO:  
The Jensen Funds  
c/o US Bancorp Fund  
Services, LLC  
PO Box 701  
Milwaukee, WI  
53201-0701

OVERNIGHT EXPRESS  
MAIL TO:  
The Jensen Funds  
c/o US Bancorp Fund  
Services, LLC  
615 E. Michigan St., FL 3  
Milwaukee, WI  
53202-5207

For help in completing this form or for Fund information, prices and literature, please call 1.800.992.4144.

You may download this form and other Jensen Funds literature at [www.jenseninvestment.com](http://www.jenseninvestment.com)

U.S. Bancorp Fund Services, LLC



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#### 4. Certification and Signatures

I have read and understand the conditions of the Automatic Investment Plan. I authorize you to honor all debit entries via the ACH Network initiated through US Bank, National Association, on behalf of US Bancorp Fund Services, LLC. All such debits are subject to sufficient collected funds in my account to pay the debit when presented. I also understand that this plan may be terminated or modified at any time by The Jensen Funds.

SIGNATURE OF OWNER(S)	DATE
SIGNATURE OF JOINT OWNER(S) (IF APPLICABLE)	DATE